DEPTH PSYCHOLOGY AS A POST-SCIENTIFIC MODALITY

Henry Flynt

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Chapter I. Principles to Supersede Psychology

The modern academic field of psychology does not have any essential cohesiveness to speak of. This is clear if we insist on viewing the whole range of tendencies and doctrines, schools and branches, clustered together as psychology. These include neurophysiology, neurocybernetics, psychopharmacology, behaviorism, cognitive psychology, child and developmental psychology, psychology of personality, social psychology, industrial psychology, humanistic psychology, existential analysis, transpersonal psychology, parapsychology, medical hypnosis, and the psychopathologies of Freud, Jung, and Reich, for example. Etymologically, psychology means the science of the mind. But behaviorism, for example, repudiates the very project which is announced by the discipline's name. Fads come and go: at the moment of writing, many tendencies in psychology can be classified by the dichotomy of positivist and humanist psychology--although several of the tendencies I just listed cannot be labeled fairly with this scheme.

Whatever unity there is in the field of psychology arises in a residuary way from the overwhelming authority given to physico-mathematical science in the modern world-view, as it connects to modern technology and industry. Various minor authors have expressed dissatisfaction with the hegemony of physico-mathematical science; but for these authors to offer a framework of comparable weight to natural science, but markedly different from and opposed to it, would be out of the question. In particular, the folklore to the effect that quantum mechanics "already took consciousness into account" is a distorted interpretation of the technical content of quantum mechanics which appears only in impressionistic discussions of physics.

Thus, the world-view which prevails today (because the challenges to it have only been frivolous) says the following. There is an objective external world, and it is known by physico-mathematical science, preceding autonomously, with no feedback from psychological, human, subjective, or mental considerations. (Again, what is not seriously propounded is that physics or logic needs to recognize subjective or mental phenomena as fundamental constituents with which the recognized constituents of physics or logic interact.) Human beings are defined in the first instance biologically, as material machines of Darwinian origin. What then remains for psychology is to consider how humans adapt, individually or subjectively, to the given physical world and to given biology --in respect to neural electrochemistry, behavior, emotion ... and, perhaps, thought-processes. In short, human experience is studied as subjective tarnish in an otherwise glistening, physicalistic universe. Positivist psychology defers to physico-mathematical science by extending the latter's approach to human functioning. As for humanistic phychology, it assumes the other of the twin stereotyped postures toward science. Humanistic psychology cedes all cognitive territory occupied by science; and acts as an unctuous, "irrationalistic" compensation and consolation for science's dehumanizing consequences.

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Chapter II. Freud's Depth Psychology

§A. The Freudian Enterprise

It is a commonplace that Freud's psychological and therapeutic enterprise fails to satisfy narrow standards of scientific method. It is also a commonplace that specific themes in psychoanalytic thought become so outlandish that they seem parodies of themselves. At the same time, it is obvious that Freud was the key figure in bringing large, "scientifically distasteful" areas of human experience into a modern framework: a secular, naturalist, rationalist framework. As has been noted, for example, Freud presented the first modern explanation of dream-contents. And so Freud's influence in orientating modern culture has been immense.

Given Freud's overwhelming influence, there is no way that he can be summarily dismissed in the present work. In fact, I shall reflect on Freud's ideas at length. Since Freud has already been evaluated by countless authors, many of my observations will echo observations by previous authors.

Only gradually will I bring to bear the extremism of my perspective, and develop a way of rotating out of Freud's interpretation of human subjectivity. In the end, the Freudian and psychotherapeutic perspectives of the human condition will be dissolved--in consequence of a perspective of the determination of reality which supersedes that of the present culture.

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Let me proceed with a summary of Freud's doctrine* in broad (even slashing) strokes--which perhaps adapts Freud in the direction of my interests and sense of plausibility. Freud approached human psychology in the perspective of a physician who addresses disease. When Freud's psychopathology is construed as a psychology, then psychical processes have symptoms and illnesses as their focus (and it becomes usual for personality to be "neurotic"). Freud believed that human psychological development is pre-empted shortly after birth. At this stage, the dimensions of the organism's world are birth, the mother, nursing, excretion, sleep--warmth, cold, wetness, dryness, hunger--etc. Weaning, toilet training, walking, speech follow. The infant copes in a characteristically limited way. There is no sense of proportion, things are larger than life; and the infant self experiences a superstitious responsibility for events (causation from wish to event). There is no conception of persistence of essential identity of things through change in appearance. So the infant judges superstitiously, without adult detachment and objectivity.

*This discussion comments on a tradition whose documents have come to comprise a vast library of classics. The primary reference is Freud, The Standard Edition of the Complete Psychological Works (SE). For the rest of my references, see the bibliography at the end.

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Chapter II. Freud's Depth Psychology

§B. Windows on the Unconscious?

Before mentioning any specifically Freudian ideas here, I must note the prevailing view of the reality-status of dreams in modern culture generally. A dream is an event during sleep, private to the sleeper, which seems like a world and is thus a world-illusion.* (For Freud, this view was axiomatic, being presupposed without comment.) Moreover, it is taken as obvious that among the sources of the world-illusions, the dream-contents, are prior waking experiences, which get embellished in dreams.** Also among the sources of dreams are bodily urges during sleep, which get reflected in dreams.

Moving specifically to Freud, consider the notion that the individual has an "unconscious"--composed in part of personal memories and urges which are inaccessible to consciousness because they are intolerable. This unconscious is supposed to be an entire second personality--or rather, the individual's first or fundamental personality. It is directed to past waking personal experience and to drives. It has its own irrational psychodynamics--including its own processes of symbolization or signification. While Freud initially held that dreams are fulfillments of urges in fantasy, developed Freudian doctrine views dreams above all as thoughts. And it is according to the unconscious processes of symbolization that the thoughts which are dreams are formed. The unconscious is, on the whole, unknowable to the conscious self. Its entire structure can only be divined by oracles--Freud and a few of his followers.

Let me conjoin to these notions the question which motivated Freud. What is the explanation of insanity? Can the foregoing notions help to explain insanity, or help in healing it? Let me also mention a question of depth psychology--if not of psychopathology--which may help to suggest the surmised role of the unconscious relative to personality. Can a person have a latent genuine self which is totally denied in consciousness because of internalized disapproval (reflecting, in turn, societal censure)--a potential self which is capable of being triggered explosively? At the present time the cliché example is homosexuality: and presumably there are cases of individuals who suddenly converted to homosexuality after years of "repression" and "resistance" (to use Freud's terms).

The notions in question here have been promulgated so widely that they have probably become the implicit presuppositions of the academic world with respect to dreams and other "spontaneous subjectivities." That is, these notions define what is considered to be the only academically serious, naturalistic theory of the contents of dreams and other spontaneous subjectivities.

*The possibility of disputing this view is not even mentioned in educated discourse except by certain early modern philosophers, chiefly Descartes.

**Cf. Kant, Critique of Pure Reason, Refutation of Idealism, Remark III: dream-contents are products of the imagination created by the reproduction of previous external perceptions.

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Chapter III. Is Psychotherapy a Valid Enterprise?--The Evidence of CI-Therapy

A. The rise of psychotherapy may conveniently be dated from the time of Freud. Since Freud established himself, psychotherapy has become a vast enterprise and institution. In fact, the expansion of psychotherapy embodies a shift in the way that the twentieth-century European world conceives human life, especially with regard to the middle class. Psychotherapy embodies an overlap between medicine and psychology. It has a number of motivations. Insanity must be coped with by a helping profession. Care for the insane lends itself to the guise of medicine. At the same time, there are investigations of insanity, of infant development, etc., as intellectual, scholarly projects.

As psychotherapy grows, diversifies, becomes institutionalized, and acquires a vast population of clients, notions become accepted which represent profound shifts in attitudes toward human life and life-fulfillment. Human emotional, interpersonal, and attitudinal adaptations--including love and marriage, being a parent, and attitudes in work--are conceived as a sector of life-fulfillment (one that can be separated from a person's knowledge, taste, morality, and vocation, for example). Shortcomings in this sector are conceived as non-organic diseases (or by psychiatry as organic diseases). Thus, these aspects of life are appropriately guided in a remedial perspective, by a physician or healer. The life-problems of direction and fulfillment are solved by visits to a physician--who is a secular expert, and may act primarily as a paid confidant, a drug supplier, etc.

Psychotherapy has established a tradition with widely accepted principles. The therapist's expertise is secular. The therapist is not a teacher of sciences, arts, or impersonal skills. The therapist should have an expert knowledge of emotional-interpersonal dynamics. In the therapeutic sessions, the therapist should be a shadowy figure, not a parent, buddy, or lover: because the patient's opportunity to impute personas to the therapist is a part of the therapeutic process. Beyond this, a therapist needs to be one of society's medical and legal officials. Insanity can have a somatic dimension; some would argue that it always does. Suicide, addiction to illegal drugs, military deferment, child custody, and hospital admission require medical oversight, an impersonal official presence in life-and-death situations, and decisions made on behalf of societal authority.

The therapeutic enterprise requires that the therapist have a view of what the client can and should become. Assessment of the patient is supported by an entire field of psychological testing. The responsibility for concrete life-choices may be assigned to the client; but the therapist must have a view of hygienic emotional-interpersonal functioning to be striven for by the client--otherwise the therapist's posture as a physician or healer is senseless. But this is then an occasion for an objection to psychotherapy: that it purveys pop ethics in the guise of science and medicine.

Freud had an answer--whether or not it was cogent--to two obvious objections to his scheme.

1. How can an individual be made mentally hygienic independently of whether society is sensible and fair?
2. How can an individual be made mentally hygienic independently of whether there is a real mission in his or her life?

These questions are best addressed in reverse order. Freud's aim was to make people capable of happiness, not to make them important. (Although they had to be important enough to be able to purchase psychoanalysis.) He wanted to give people the ability to enjoy material well-being and emotional warmth. What this required was the personal, internal resolution of the unconscious' development.

Part of maturation--one of the means of happiness--was the achievement of a strong ego: the achievement of the ability to deal with the environment realistically. It was in these terms that Freud expected people to deal with a foolish or unfair society. (Freud believed as well that the individual has innate destructive impulses which a strong social authority is needed to restrain: so that he was not averse to strong social authority.) The only role of the unconscious' development here was that a successful resolution of this development might make one more effective in coping with adversity realistically.

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Freud's therapy for mental disease is the "talking cure." Presumably it is claimed that each person has one distinct pattern of conflict, relating to the conduct of his or her erotic life, which reflects his or her main wishes and needs towards other people. More specifically, mental illness is caused by a single traumatic experience in early life which is forgotten because of its emotional painfulness.

The patient reclines in a darkened room while the analyst sits unseen (a setting eminently suitable for hypnosis). In a process of free association, the concealment of the trauma from oneself is lifted, and a catharsis is achieved. To elaborate, the analyst is unseen and detached. But the patient casts the analyst in the role of some previous figure in the patient's life, and accordingly involves him or herself emotionally with the analyst. (Since the typical analysis was of a female patient by a male analyst, this could involve the patient's falling in love with the analyst.) Moreover, the analyst actively supplies doctrinnaire interpretations of the material surfacing in free association. It is expected that the patient will "resist" these interpretations, and the analyst's mission is to overmaster this resistance.

One characterization of the goal of treatment is as follows. The analyst tries to demonstrate to the patient that neurotic symptoms or character traits (representing partial frustrations and partial gratifications of infantile trends) protect him or her from becoming conscious of infantile threats that have remained unresolved. The infantile needs, the neurotic feelings of guilt, self-punishments and anxiety become obsolete. The patient is steered toward genital primacy; and begins to think, feel, and behave like a mature individual. (Adapted from The Encyclopedia of Psychoanalysis, ed. Ludwig Eidelberg.)